

**Maryland Health Benefit Exchange
Navigator Program and Consumer Assistance**
Medicaid Health Plan Interview Guide

Background

The ACA The Patient Protection and Affordable Care Act (ACA) provides new funding to expand Medicaid eligibility levels and build a State Health Benefit Exchange (HBE or Exchange) that will help connect consumers and employers to Qualified Health Plans (QHPs).

To meet the needs of the large number of consumers who will become newly eligible for health insurance in 2014, the ACA charges Exchanges with establishing a network of “Navigators” that will assist consumers in accessing coverage in the new state Exchange through:

- Outreach and education regarding the availability of qualified health plans;
- Distribution of fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits and cost sharing assistance
- Facilitating enrollment in qualified health plans;
- Referring to consumer assistance agencies or entities
- Providing information in a manner that is culturally and linguistically appropriate to the needs of the population

More information, including the Maryland Health Benefit Exchange Act of 2011, can be found at <http://dhmh.maryland.gov/healthreform/exchange/>.

Discussion Guide

Maryland state leaders responsible for Exchange planning and design seek to gain a deep and thorough understanding of the current health insurance distribution system in Maryland, including the role of community based organizations and brokers/agents in assisting individuals and small businesses with health insurance enrollment. The state seeks to consult with different stakeholder groups as it designs and implements Maryland’s Navigator program. The following discussion topics have been identified to facilitate input into Navigator program design from Medicaid health insurers. There will be a separate discussion held for agents and brokers, commercial health insurers, consumers, small businesses and providers.

Leveraging Existing Private Sector Resources

- Can you please generally describe how your organization works with the State and other entities to enroll individuals into your health plan?
 - What is your relationship with the current Medicaid enrollment broker?
 - What is the mix of individuals who select a HealthChoice plan versus those who are automatically assigned?
 - What other means of outreach/enrollment does your organization use, if any? (e.g. community based organizations, FQHC's, providers, etc.?)
- How would you describe the current infrastructure of the existing private sector health insurance distribution system in the State?
 - Generally, are there enough Medicaid enrollment outreach workers to meet capacity? Not enough? Too many?
 - Are there enough Community Organizations supporting public program enrollment efforts? Not enough? Too many?
 - Are there any needs that you are aware of that are not met or hard to meet? (e.g. geographies, population segments, etc?)
 - How can the Exchange determine what Navigator capacity is needed for use in the exchange?
- What private sector resources (e.g. the Medicaid enrollment broker and other CBOs) may be available and suitable for use by the Exchange?
 - What are the advantages/disadvantages to using private sector resources for distribution of the Qualified Health Plans (QHPs) in the exchange?
- Do you currently interact with MD's existing consumer assistance programs (such as the Attorney General's Health Education and Advocacy Unit or the Maryland Insurance Administration)? If so, please discuss more about your level of interaction

Navigator Functions

- What should the specific role and scope of work be for Navigators in Maryland's HBE? For instance, you may consider:
 - Outreach and education
 - Application assistance (ACA requires the Exchange to offer online, in person, mail and phone applications.)
 - Assistance with health plan selection
 - Interaction with Consumer Assistance Programs
 - Advocacy on behalf of consumers with the Exchange
 - Advocacy on behalf of consumers with health plan
 - Post-enrollment support
 - Other potential functions/roles?

- Should Navigators be required to serve both public and private sector programs or should different Navigator roles be subdivided into different markets?
 - What should be the role of Navigators with respect to the Medicaid and CHIP programs?
 - The Private sector (individual and small group) markets?
- What are the best strategies for reaching target populations that you would like to see the Navigators perform in the Medicaid/public programs market?
- What conflict of interest rules and guidelines for Navigators should the state establish? (Proposed Federal regulations prohibit health issuers from serving as Navigators, and prohibit Navigators from receiving consideration directly or indirectly from any health issuer in connection with enrollment in a QHP.)

Navigator Training, Certification, Licensure and Oversight

Training

- What skills sets and experiences have proved most beneficial when working with Maryland's Medicaid's Enrollment broker? Other CBOs?
- What skill sets and experience should be required of Navigators? Should such skills be standardized or variable depending on the population served by the Navigator?
- How should training be designed and delivered to organizations as Navigators (e.g. content, frequency, modality)? Who will conduct Navigator training? Should the HBE or a third party put into place a training infrastructure and curriculum? Should Navigators be required to have continuing education?

Certification

- Should the Exchange require licensure and/or certification of all Navigators? If so, should this be similar to the way that the MIA currently licenses brokers/agents or different, such as the requirements of MD's Medicaid enrollment broker? Why?
 - As required by the MIA, should Navigators be required to be bonded? Carry professional liability insurance?
 - As required by MD's Medicaid Enrollment broker, should Navigators provide access to telephone-based translation services? Provide bilingual material?
 - Given the potential for Navigators to offer public and private products, should, there be different certification criteria by product?

Oversight

- How should selection, contracting with and providing overall compliance oversight for Navigators be performed?
 - Should the same mechanisms be used to track/reward success?
- Should Navigators be subjected to oversight by state regulators and/or the Exchange?
- How should the Exchange ensure that Navigators provide information in a manner that is culturally, linguistically and otherwise appropriate to the needs of the diverse populations served by the Exchange?
- How should consumers register complaints involving the Navigator Program?
 - What types of tracking and oversight mechanisms are currently used and should be considered?
 - Which options for Navigator development and oversight maximize consumer protection?

Navigator Compensation, Retention and Sustainability

- How should Navigators be retained and compensated? (The Exchange must finance Navigators with operation funds and not Federal grant dollars. Navigators serving Medicaid beneficiaries may be paid with Medicaid funds.)
- What impacts could disparities between Navigator compensation and the compensation of insurance producers outside the Exchange have inside the exchange? Outside the exchange?
- How could the Exchange minimize/avoid such disparities and/or impacts?
- How should the Navigator program be financed?
 - Employer-paid model? Insurer paid model? Others?

Effect of Navigators on Existing Agents/Brokers/Consumer Assistance

- From your perspective, what are the potential effects of the Navigator Program on the agents/brokers business model in Maryland?
 - How will this impact how Medicaid health insurance issuers conduct business?
- What should be the relationship between existing health insurance distributors and Navigators? Between Navigators and the Consumer Assistance Program?

- What options have the least impact on private sector employment? What options have the most?

Other

- Is there anything else the Exchange should consider in designing the Navigator Program?

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